

**The Scandinavian Tissue Typers Meeting 2016 Arlanda, Stockholm,  
Friday January 29<sup>th</sup> 9:00-16:00**

**Minutes**

**1. Welcome and presentation of participants**

Dan Hauzenberger welcomed all participants to the meeting. 28 representatives from all centers attended the meeting. List of attendees is attached (Attachment 1).

**2. Election of chairman and secretary**

Dan Hauzenberger was elected as chairman and Marie Schaffer as secretary. Bjarne Möller and Christian Naper were chosen to adjust the minutes.

**3. Confirmation of the agenda**

The agenda was accepted without alterations.

**4. Election of the person that will give a report at the meeting of the council of representatives (STS, Stockholm 2016).**

Dan Hauzenberger was chosen to report to the council of representatives.

**5. Tony Slavcev, Prag, Department of Immunogenetics, IKEM, Prague, Czech Republic:  
“Immunogenetic testing for kidney paired donation program in the Czech Republic” .**

Tony Slavcev, gave a presentation regarding the experience and results of the kidney paired donation program in the Czech Republic.

**6. The Scandiatransplant Office: Ilse Duus Weinreich.**

Ilse presented Scandiatransplants recommendations on HLA typing on deceased donors ([Attachment 2](#)) and a chart of “Deceased donors where the kidneys were not used for transplantation within Scandiatransplant” (attachment 3) Here we discussed two issues:

- a) In the cases where the only used organs are heart and lung, the coordinator should investigate if the donor typing can wait and be performed using routine daytime methods. The coordinator at the recipient center has to check whether the typing should be done or not. If necessary the donor center should do the typing.
- b) In the cases where no kidneys are used, no Scandia search is needed  
Added comment from Christian N after adjustment: it should be mandatory to perform on call typing for donors also for these patients, this needs to be discussed at the TTM in Helsinki.

Ilse presented the Kidney exchange compliance for 2015 (Attachment 4).

## **The main conclusion from the presentation for 2015**

- Total 488 searches
- 75 exchange obligations (between centers)
- Exchange obligation 15% of all searches
- 8,0 % deviations in relation with exchange obligations (6 out of 75)

Ilse presented the Scandiatransplant user interface (YASWA). Some new features were shown e.g. the possibility to tick a box with "HLA will not be supplied".

Scandiatransplant is also continuously working on the wish lists from different centers. There is always a possibility to propose new features.

Ilse also reported on "Reporting of PRA in Scandiatransplant". (Attachment 5).

In the discussion it was suggested to report all detected antibodies for all loci, eg DP. But to make that information really useful also typing for all loci is requested. The aim is to facilitate the typing of all loci within two years for the laboratories (see below).

**7. Pernille Koefoed-Nielsen, Bjarne Möller and Ilse Weinreich:** Status from the STAMP program (2009-feb 2015).

The presentation is added as Attachment 6

## **8. Bjarne Möller: Update from the STAMP steering committee.**

The presentation is added as Attachment 7.

### Proposal from the STAMP committee

The STAMP committee proposes changes to the inclusion criteria for patients entering the STAMP program. Also, there is an urgent need for new solutions for patients not transplanted despite a long waiting time on STAMP.

The STAMP committee requested support of the NKG for these three proposals:

1. Eligibility and inclusion on STAMP is based on TS below 2% - rather than PRA > 80%
2. HLA lab representatives will scrutinize the immunization details of patients on STAMP for more than 3 years in a workshop in the attempt to optimize cut-off levels for MFI values to enhance the chance of finding a donor without compromising the clinical outcome of the STAMP program.
3. An investigation of a possible collaboration with other acceptable mismatch programs within Europe in order to increase the donor pool for patients with low chances of finding a donor within the STAMP program. Feasibility, medicolegal issues and demands for IT solutions must be addressed.

Proposal 1 and 2 have been accepted by the NKG, but Proposal 3 was not accepted.

**Addendum by revision 160223** : Bjarne has taken on the task to coordinate a workshop on ways of increasing the transplantability of highly immunized patients (proposal 2 from the STAMP committee).

Proposal 3 is now discussed in the context of an application for common funding with EuroTransplant from "Horizon 2020", and this has been agreed with NKG and the board of ScandiaTransplant.

#### **9. Bjarne Möller: A suggestion to coordinate tissue typers meeting with the Nordic Kidney Group (NKG) meeting.**

The suggestion to have the Tissue Typers Meeting in the autumn, before the NKG meeting instead of early in the year was accepted. This means that next TTM will be already this year in September in Helsinki, and thereafter every autumn just before the November meeting of the NKG.

#### **10. Ilse Weinreich: Procedure for sending heart/lung crossmatch sera.**

(Attachment 8)

##### **Suggestion**

##### **Crossmatch on immunized heart and lung patients**

1. If crossmatch is needed it must be registered on the specific heart/lung recipient in Scandiatransplant
2. When you ship the serum sample (every 3<sup>rd</sup> month) you must register sample shipping information in Scandiatransplant.
3. A quality control will display all heart/lung patients active/on hold on the waiting list with 'Yes' in the 'Crossmatch needed' field.
4. When receiving the sample you must sign for it in Scandiatransplant, by entering the quality control and click on the specific recipient/sample.
5. Each tissue typing lab. must regularly check that they have sent serum samples on own heart/lung patients requiring crossmatch and received serum samples on all the recipients from other labs according to the QC list.

Always check with the coordinators if serum needs to be sent.

After some discussion it was decided to use the function to add serum in Scandiatransplant.

#### **11. Mats Alheim, Karolinska, Stockholm, Sweden:"Implementation of a new flow cytometry**

assay for detection of cytotoxicity and antibody binding". Mats described the FC-tox and how it has been implemented in clinical routines for LD in Stockholm.

## **12. Juha Peräsäari : "Revision of routine donor samples required by each laboratory from exchanged donors."**

For the moment there is no consensus regarding which and how many blood samples the different labs ask for when organs are exported. Ann-Christin Croon also emphasised that it is not allowed to export samples to be used for research.

Juha was asked to make and send out a questionnaire regarding which samples, and how many ml of blood (not tubes) are needed at each center.

## **13. New methodologies:**

The labs in Helsinki, Uppsala, Århus and Copenhagen have all started to work with the Real-time PCR platform for typing from Linkage Bioscience. The instruments used are Quansidium6 (Life) or Lightcycler (Roche). The resolution obtained is low resolution and some subtypes. Some labs had had some problems during the start up period but most were content with the method. Karolinska is going to try Olerups Real time platform during spring 2016.

It was suggested that the centers that have more results than ABC DR DQB1 should enter all typing results obtained in Scandiatransplant, including low resolution DP and DQA1.

Patient and donor results should be updated in Scandiatransplant when typings have been performed.

We agreed that we all within two years should be able to type HLA-A,B,C,DRB1,DQA1,DQB1 and DPB1 during on-call hours in order to allocate kidneys according to acceptable mismatches.

## **14. Additional issues, comments and discussions**

There was a discussion regarding the need for EDTA treatment of serum. It is performed by Aarhus and Copenhagen. Uppsala thinks that you obtain about the same results with 56 0 C treatment. No decision was made.

## **15. Next meeting**

It was decided that next TTM should be held in Helsinki September 2016, before the NKG meeting. The upcoming meetings will be Lund (2017), Aarhus (2018), Göteborg (2019).